

FIG. 1 is a block diagram of a system for patient data management. The system includes a patient data database (23), a user interface (20), a navigation module (21), a verification module (22), a selection database (24), a forms database (25), and a criteria database (26). The user interface (20) is connected to the patient data database (23), the navigation module (21), the verification module (22), the selection database (24), the forms database (25), and the criteria database (26). The navigation module (21) is connected to the selection database (24). The verification module (22) is connected to the criteria database (26).

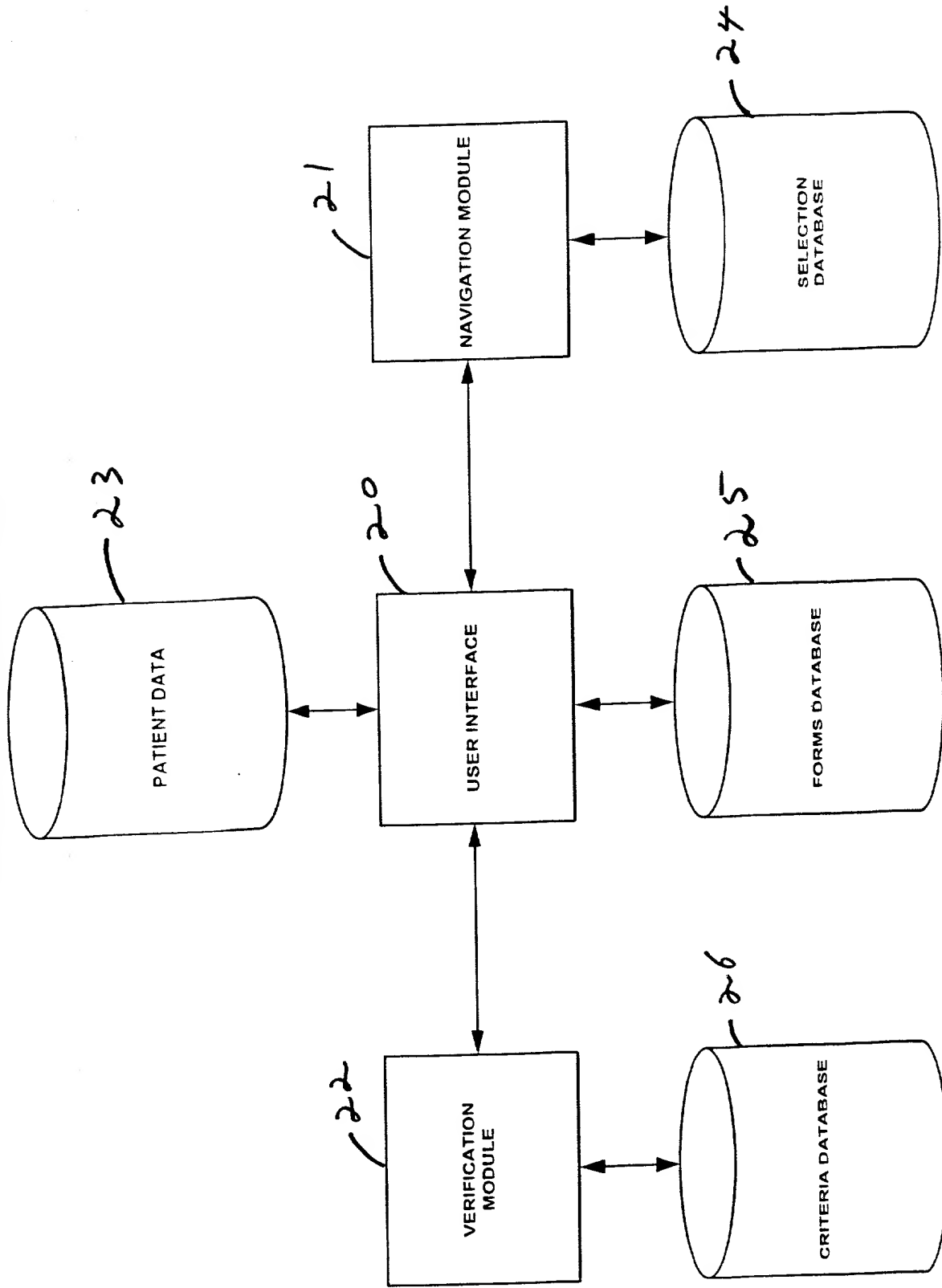


FIG 1

Inpatients

Facility Types... ⇅ Acute Care

Facilities... ⇅ 31

General Hospital / 28 3 Patients

NEW ADMIT

Admit Clinical Screen

CLINICAL SCREEN Discharge Plan Screen

LAD..... Reduced.. Last Note . Admit Adm Auth No..... Discharge Plan.. Patient

Pending..... None..... 11/05/00... Pending..... None..... West Ronald

Pending..... None..... 11/05/00... Pending..... None..... Brown Paul

Pending..... None..... 11/04/00... Pending..... None..... Smith Jane

HOME

FIG 2A

ADMISSION FACE SCREEN

Member ID:	f55555f	Last Name:	Gray	First Name	Jane
Birthdate	11/4/50	<input type="radio"/> Male ; <input checked="" type="radio"/> Female			
Group No	A77	Product		Commercial	Contract No
				GG234	

Admit Date	11/5/200	Today	<input type="checkbox"/> Related to accident or 3rd party liability
Came from	Home	Arrived via	Auto
Attending MD	Phil Byrd MD		
Admitting MD	Susan Winters		
ICD9 Groups		Code:	
ICD9 Codes		<input type="checkbox"/>	
Admit Dx			

SUBMIT (->Census)
 SUBMIT (->Clinical)
 RESET

F16 2B

38 39 40

Patient **Brown Paul** ID: **BB222222B** 35 Admit Date **11/5/00** 36
Male- DOB **8/22/81** Discharge Plans Admit Dx **486 Pneumonia**

37 41

Date **11/5/2000** Chart Date Nav Bed Location **Med-Surg** 42

Criteria **486 Pneumonia** Parameters needed ... Admit Auth: **PENDII** 46
Additional Info **No Requests** LOC: **PENDII** 47 44

Clinical Element	History	48
Past Hx	Diagnoses	49
Last Event	<input checked="" type="checkbox"/> Last Hospital Admit	50
System/Group	Past History: ICD-9 Codes ...	51
Parameter	486 Pneumonia	52
Finding	53	

Dx: 486 Pneumonia: Last Hospital Admit 9 months ago
Dx: 491.3 Asthma: Last Hospital Admit 2 years ago; Last ER Visit 4 days ago

Parameter **486 Pneumonia** New 54
Findings **55** -> Last Hosp Admit/ER Visit 56
57 ☒ 486 **Pneumonia** 62
58 ☐ + ☐ ++ ☐ +++
Today 60
Duration **9 months** In Past... 63
Frequency Interval 64 65 69

SUBMIT Acuity Check RESET

66 67 68 69

FIG 3A

Chart Notes

ICD-9 Codes

Admission: 486 Pneumonia

CPT-4 Codes

History

Dx: 486 Pneumonia: Last Hospital Admit 8 months ago

Dx: 491.3 Asthma: Last Hospital Admit 2 years ago; Last ER Visit 4 days ago

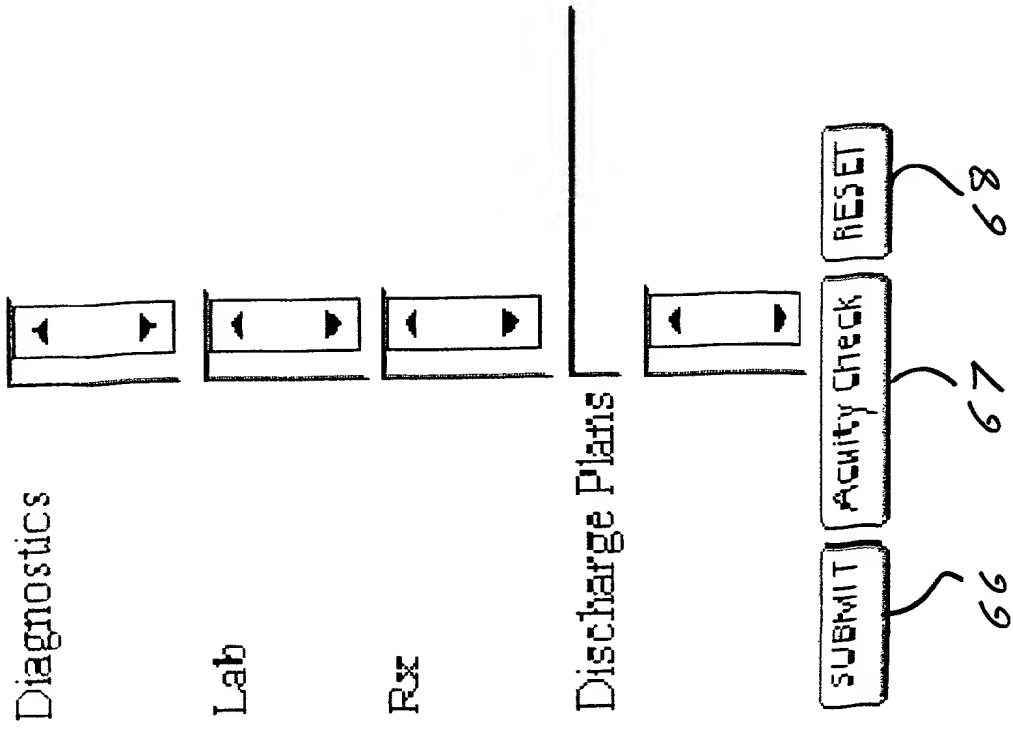
Present Illness

Exam

80

81

FIG 3B



80

FIG 3C

38

39

40

Patient Smith Jane

ID: AA11111A

Admit Date 11/4/00

Female- DOB 10/15/70 Discharge Plans home

Admit Dx

491.3 Asthma

37

41

Date 11/5/2000

Chart Date Nav

Bed Location

Med-Surg

42

Criteria

491.3 Asthma

NOTmet->Exam: Pulmonary: Chest Auscultation

Level of Care: PENDING

Additional Info

No Requests

44

45

Clinical Element

Exam

48

System/Group

Pulmonary

51

Parameter

Chest Auscultation

52

Finding

wheezing

53

-Chest Auscultation: Today: wheezing++

-Cardiac Auscultation: Today: rub++; syst ejec murmur+++

-Cardiac Palpation: Today: Prominent PMI

Parameter

55 Chest Auscultation

New

Findings

57 SELECT from FINDINGS LIST

wheezing++

59

Finding 1

wheezing

Today

60

61

+++

62

SUBMIT

Acuity Check

RESET

66

67

68

FIG 4A

69

54

56

62

Chart Notes

Admission: 481.3 Asthma

80

CPT-4 Codes

▶

▶

Symptoms

▶

▶

Exam

-Chest Auscultation: Today: wheezing++
-Cardiac Auscultation: Today: rub++; syst ejec murmur+++
-Cardiac Palpation: Today: Prominent PMI

▶

▶

83

Diagnostics

▶

▶

Lab

-ABG's: Today: PH@7.40; PO2@78; PCO2@38; HCO3@28 ->2 W/m O2

▶

▶

FIG 4B

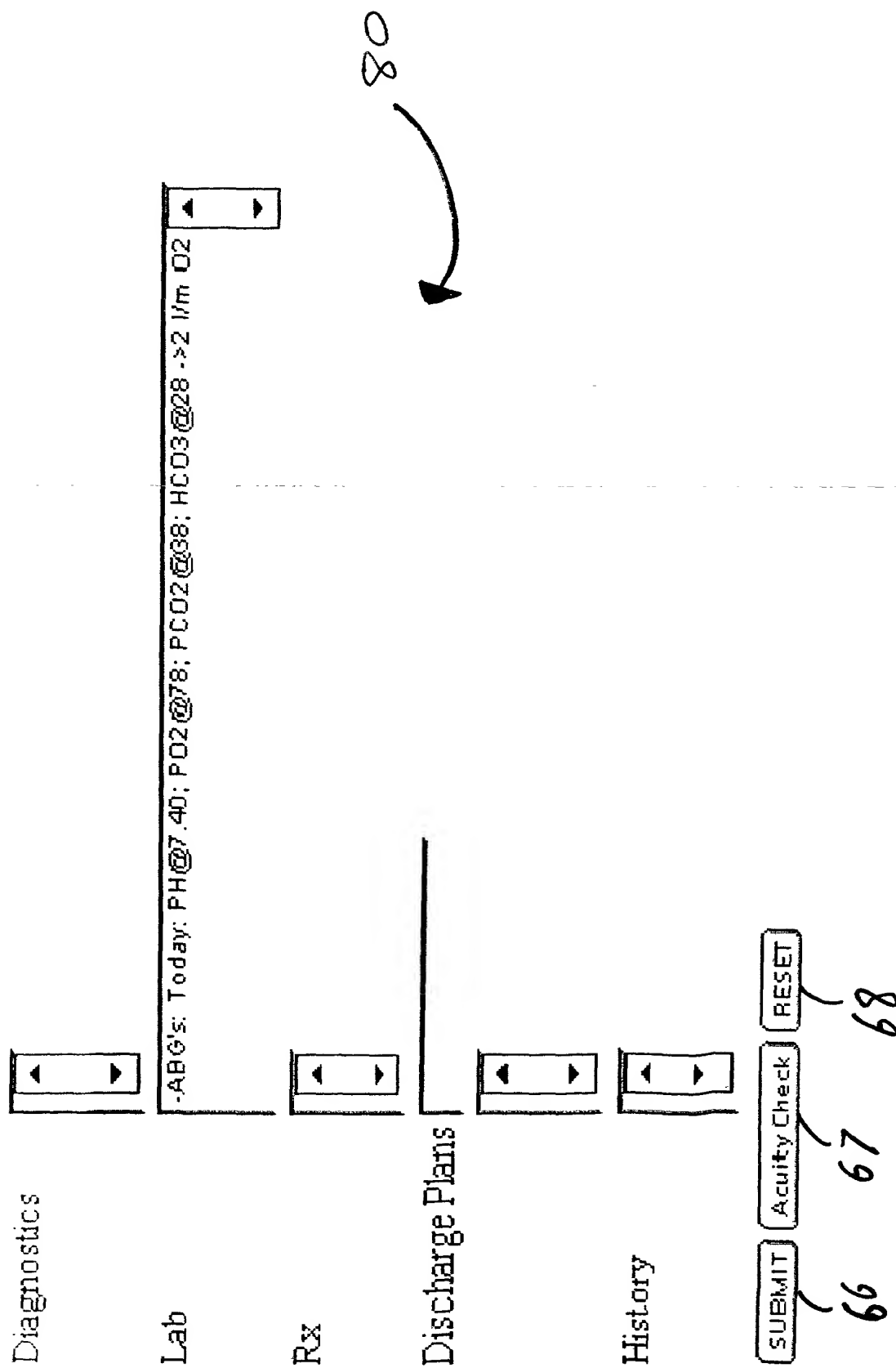


FIG 4C

71
Patient Smith Jane ID: AA11111A Admit Date 11/4/00

Female- DOB 10/15/70

Admit Dx

Disposition 72

Home <input type="button" value="v"/> 73	-DME: E1200 wheelchair <input type="button" value="v"/> 76
DME <input type="button" value="v"/> 74	-DME: E1000 Oxygen (tank) <input type="button" value="v"/> 77
E1200 wheelchair <input type="button" value="v"/> 75	<input checked="" type="checkbox"/> E1200 wheelchair <input type="button" value="New"/> 78

Home Visits: ☐ visit(s) over: ☐ weeks / OR / ☐ days / (Visit Duration ☐ hrs) 79 86

Vendors	<input type="checkbox"/> Name <input type="text"/>	PIN No <input type="text"/>
VendorLocations <input type="button" value="v"/> 85	Address <input type="text"/>	
<input type="button" value="v"/> 84	City <input type="text"/>	State <input type="text"/> Zip <input type="text"/>
<input type="button" value="GET"/>	Contact Last Name <input type="text"/>	First Name <input type="text"/>
	Telephone <input type="text"/>	Ext. <input type="text"/> // Fax <input type="text"/>
	E-Mail Address <input type="text"/>	

<input type="button" value="SUBMIT"/> 87	<input type="button" value="Check for Auth"/> 88	<input type="button" value="RESET"/> 89	<input type="button" value="Discharge Order..."/> 90	<input type="button" value="DISCHARGE"/> 91
------------------------------------------	--------------------------------------------------	-----------------------------------------	------------------------------------------------------	---------------------------------------------

FIG 5A

Chart Notes

Discharge Plans

- DME: E1200 wheelchair	▲▼
- DME: E1000 Oxygen (tank)	▲▼

Clinical Status

- Incomplete IV Rx	▲▼
- Ambulates <15 feet	▲▼

Clinical Needs

▲▼

Exam

▲▼

Rx

▲▼

92



FIG 5B

71

Patient West Ronald ID: cc33333c Admit Date 11/5/00

- DOB 00/00/00

Admit Dx

Disposition Skilled Nursing 72

Skilled Nursing 73, 74

Accepting Facility Status

Needs PRI submission 75

-Skilled Nursing: Needs PRI submission@Sunrise Nursing Home 76

Needs PRI submission New

Home Visits: visit(s) over: weeks / OR / days / (Visit Duration hrs) 86

Vendors 85

Nyack

Sunrise Nursing Home 84

GET

Name Sunrise Nursing Home

Address

City

Contact Last Name

Telephone Ext. Fax

E-Mail Address

PIN No 2

First Name

SUBMIT 87

Check for Auth 88

Discharge Order... 89

DISCHARGE 90

FIG-5C 91

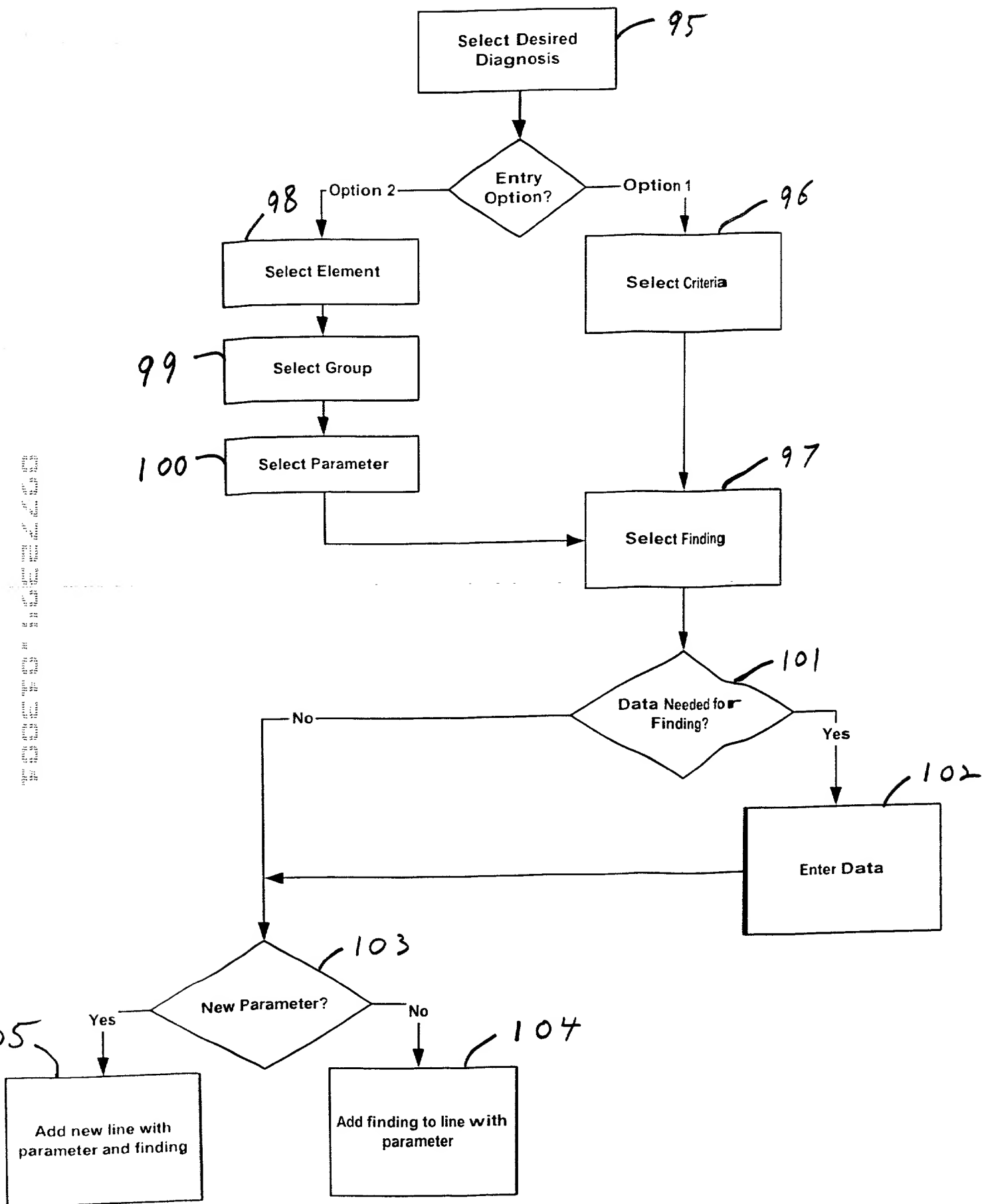


FIG 6